

CLAIMS ONLY						Application Number	Filing Date							
						Applicant(s)								
						* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend		
	Indep	Depend	Indep	Depend	Indep	Depend								
1							51							
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47							97							
48							98							
49							99							
50							100							
Total Indep							Total Indep					Total Indep		
Total Depend							Total Depend					Total Depend		
Total Claims							Total Claims					Total Claims		